

**IN MOTION DANCE CENTER  
REGISTRATION CONTRACT 2011  
PLEASE PRINT ALL INFORMATION CLEARLY**

I, hereby understand, the following policies must be adhered to in order for my child/myself to stay on register:

1) Tuition is due by the **10th of each month**, regardless of what day of the week the **10th** falls on. All tuition and other payments must be up to date in order for the dancer to stay on register. **Tuition is due regardless of absence.**

**Tuition paid after the 10th of each month will result in a \$15 late fee. Please Initial**

2) Checks returned due to insufficient funds are subject to a **\$25 charge**.

3) Tuition is not refundable or credited because of absence or cancellations.

4) **A \$50 deposit, per costume, is required the first class of November.** This deposit is not refundable. Once the costumes are ordered, I understand that I am responsible for the balance, even if my child discontinues her/his dance program. Balances will be due sometime in February.

5) If the dancer loses interest or does not wish to continue our program **AFTER THE LAST CLASS IN FEBRUARY**, I understand I am still responsible for the rest of the dance season's tuition and any other outstanding charges. I agree to inform In Motion of our intentions.

6) In Motion Dance Center Inc., its affiliates and employees are not responsible for any injuries, in and/or around the studio, dance room, fitness room, lobby or parking lot. I also understand they are also not responsible for any lost or misplaced articles.

7) **I have read and will uphold the above-mentioned registration policies AND policies stated in the Parent/Student handbook.**

**PLEASE PRINT ALL INFORMATION CLEARLY**

<b>Signature</b> _____ <i>(parent's or guardian's for those under 18)</i>	<b>PLEASE PRINT NAME</b> _____ <b>Date</b> ___/___/___
--	---

Dancer 1. \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_  
 Dancer 2. \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_  
 Dancer 3. \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

**Address** \_\_\_\_\_  
**Town/City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**Phone H-**(\_\_\_\_) \_\_\_\_\_ **W-**(\_\_\_\_) \_\_\_\_\_ **CELL**(\_\_\_\_) \_\_\_\_\_

**EMAIL ADDRESS**

**Emergency Contact (other than self)** \_\_\_\_\_ **Phone** \_\_\_\_\_

Any Information pertaining to health, learning, or otherwise that the instructor should be informed about \_\_\_\_\_

NAME	CLASS	DAY	TIME	FEE/MONTH
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

**Total Fee /Month \$** \_\_\_\_\_

**REGISTRATION FEE** 1<sup>st</sup> Dancer \_\_\_\_\_ + Add'l Dancers \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_

September tuition \$ \_\_\_\_\_

Check (payable to: In Motion Dance Center Inc.) # \_\_\_\_\_ Cash \_\_\_\_\_

**TOTAL DUE NOW = \$** \_\_\_\_\_

